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Innehåll:

Meddelande.

Kåseri.

Traitement mécano-therapique du Sympathique abdominal, af
Dr. E. Cyriax, London.

Mecanotherapy in America, af R. J. Cyriax, London.

Valeur du traitement mécano-thérapique de synovite aiguë, af
Dr. E. Cyriax, London.

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Valeur du Traitement mécano-thérapique du Sympathique abdominal.

Par Edgar F. Cyriax.

(Communication lue à la section médicale du Congrès de la ligue nationale belge pour l'éducation physique, août, 1910).

Il y a une cinquantaine d'années les praticiens du système de gymnastique médicale de Ling faisaient usage, dans le traitement des maladies, de certains mouvements spéciaux à la gymnastique suédoise sur le sympathique abdominal, comme par exemple le plexus solaire, le plexus hypogastrique inférieur. Dans la suite, ces manipulations tombèrent en désuétude, ou ne furent plus employées qu'avec une quantité de contre-indications. C'est à la perspicacité de Henrik Kellgren que nous devons l'élaboration et le développement des méthodes du traitement mécano-thérapique du sympathique abdominal: c'est vers 1870 qu'il les mit en usage, et j'ai en partie décrit ces méthodes dans „Les Eléments du Traitement Manuel de Kellgren“, 1903, et plus récemment en collaboration avec Dr. Kellgren-Cyriax, dans le journal médical de New-York (23 juillet 1910). En 1908, Le Faguays¹⁾ mit en avant le sujet du „Massage du sympathique abdominal“. Mais tout bien considéré, cette manière a à peine attiré en Suède ou autre part l'attention qu'elle mérite; de là, le choix que j'en ai fait, pour en passer en revue avec vous, aujourd'hui, les points les plus saillants.

1) Congr. de physiothér. de Paris, 22. avril 1908.

Il y a trois manières d'influencer le sympathique abdominal au moyen du traitement manuel des nerfs :

Réflexivement: A.) A travers les branches externes des divisions postérieures des nerfs spinaux.

B). A travers les divisions antérieures des nerfs spinaux.

Directement: A travers les parois abdominaux et les viscères sur les plexus eux-mêmes, et, dans le cas du ganglion coccygéen, à travers la peau ou les parois du rectum

Et c'est de la méthode directe que je désire vous entretenir.

Les manipulations communément en usage se divisent:

1^o En frictions dont la force peut être graduée et qui sont généralement décrites comme fortes, moyennes, légères, (et par friction je ne veux pas dire cette forme de massage qui porte le même nom).

2^o En vibrations qui peuvent se graduer de même. En parlant d'une façon générale, les frictions sont stimulantes, et les vibrations sont sédatives, (à moins qu'elles ne soient administrées très fortement), et leur emploi est plus restreint que les frictions.

La base rationnelle de la stimulation directe du sympathique abdominal n'est pas encore bien claire, et les fonctions physiologiques des diverses portions du sympathique abdominal ne sont pas encore parfaitement comprises et la pathologie en est même encore plus obscure: il ne me reste donc qu'à considérer notre sujet presque uniquement d'après le point de vue clinique.

En examinant, dans un sujet, le degré de sensibilité du sympathique abdominal, au moyen de la friction des nerfs ou de la palpation profonde, on

trouve que normalement ces manipulations causent un certain degré de sensation. La sensation provenant de la stimulation mécanique du sympathique diffère de la sensation provenant de la stimulation des nerfs cérébrospinaux. Chez les sujets sains, le degré de cette sensation varie en proportion de la tension nerveuse de l'individu, et suivant la partie du sympathique abdominal qui est l'objet de l'examen; et cette sensation ne devrait jamais arriver à une peine réelle, si ce n'est toutefois dans le ganglion coccygéen, partie la plus sensitive du sympathique abdominal.

L'examen mintieux des cas de maladies, révèle des déviations prononcées de la normale, quant au degré de sensation dans le sympathique abdominal. Ceci s'applique non seulement aux maladies abdominales, mais aussi aux autres formes de maladies qui ne paraissent pas accompagnées de symptômes abdominaux. Quand à ce qui concerne les maladies abdominales on peut s'attendre à toute espèce de variation, depuis l'anesthésie presque complète jusqu'à l'hypéresthésie intense.

Après dix ans d'expérience de cette méthode de traitement direct, je puis avancer que le degré de sensation manifestée dans les nerfs au moyen des méthodes ci-dessus, est une indication certaine de l'état du fonctionnement du sympathique abdominal, et que le progrès des déviations pathologiques de sensation dans le sympathique abdominal suit de très près le progrès de la maladie et est un enregistreur quotidien du cours qu'elle suit.

Dans quelques cas de maladies abdominales le degré de sensation dans le sympathique abdominal est normal, ce qui est une indication que la maladie n'est

pas due à une influence nerveuse, mais uniquement à une condition locale de l'organe affecté.

Une friction sur le sympathique abdominal peut causer non seulement une augmentation dans le degré de sensation présente, mais souvent aussi des peines lancinantes comme la piqure d'une aiguille, irradiant de tous côtés, depuis le point de départ de la friction; mais cette peine n'est que momentanée, dès que la friction cesse et que les doigts du manipulateur se sont retirés, toute sensation désagréable ou aiguë se dissipe instantanément.

Il est assez curieux que, dans les cas de sensation exagérée du sympathique abdominal, tandis qu'une seule et unique friction, soit légère soit moyenne, augmente la sensation dans les régions affectées, plusieurs, données successivement, causent de la diminution. Ce phénomène ne peut s'expliquer, mais se retrouve fréquemment dans le cas de nerfs cérébrospinaux; les frictions légères répétées sur un nerf douloureux ou névralgique, le plus souvent diminuent la sensibilité.

Pour rendre le sujet plus clair, je vais classer les indications du traitement du sympathique abdominal en:

A) Indications empiriques: Il peut y avoir une trop grande augmentation ou une trop grande diminution de la sensation.

B) Indications rationnelles: (a) Le but qu'on se propose peut être d'influencer les nerfs de n'importe quel organe montrant une activité augmentée ou diminuée.

b) Le but qu'on se propose peut être de causer un effet vasoconstricteur dans le sympathique abdominal, quand il y a trop de sang dans les vassiaux abdominaux.

Je puis en passant ajouter que je n'emploie jamais

le traitement direct du sympathique abdominal seul, mais seulement conjointement avec d'autres manipulations spécialement des exercices actifs.

A l'appui des opinions que je viens d'émettre, je vais citer quelques cas particuliers recueillis parmi mes patients.

Conditions générales:

1, Femme âgée de 56 ans. — Goître exophtalmique après un choc arrivé quatre ans et demi auparavant: mais la malade avait elle-même remarqué depuis quelques années, avant que le goître se fût fait sentir, qu'elle avait traversé des périodes nerveuses de faiblesse. Enorme thyroïde, tremblements accentués, palpitation; hypersensitive, reflexes exagérées, sympathique abdominal pas très sensible; constipation. Après un traitement d'environ six mois pendant lequel elle eut une attaque de rougeole, une attaque d'influenza, et un grave choc nerveux, tous les symptômes de goître avaient disparu, la glande thyroïde était de beaucoup plus petite, la condition générale des nerfs était normale, la sensation de la sympathique abdominal était normale, et une selle avait lieu régulièrement tous les jours.

2. Fille âgée de 9 ans. — Anémie, aucun appétit, mal de tête continu, sympathique abdominal généralement insensible. Après chaque traitement le mal de tête avait disparu, l'amélioration s'établissait, le sympathique abdominal, à commencer par le plexus solaire, reprenait sa sensation normale.

3. Femme âgée de 32 ans. — Diabète remontant à deux ans de durée. Soumise à un strict régime diabétique, quatre onces par jour d'amidon, elle ne passait aucun sucre. Sympathique abdominal très sensible. Après trente visites en sept semaines, elle fut capable de manger deux fois autant de nourriture pro-

duisant de l'amidon, sans former de sucre, et le sympathique abdominal était devenu beaucoup moins sensible.

Conditions locales:

1. Homme âgé de 58 ans. — Dilatation de l'estomac remontant à plusieurs mois; sensibilité exagérée du plexus solaire. Après trois semaines de traitement quotidien, l'estomac avait repris sa dimension normale, et le plexus solaire était redevenu normal.

2. Homme âgé de 38 ans. — Cas presque identique, mais le plexus solaire était de beaucoup trop insensible. Le malade regagna les conditions normales après quatre semaines de traitement quotidien.

3. Femme âgée de 29 ans. — Dyspepsie nerveuse qui avait obstinément reparu à intervalles pendant plusieurs années, grande hypéresthésie du plexus solaire, et de la partie gauche du sympathique abdominal. Après un traitement quotidien de six semaines le sujet était guéri de sa dyspepsie et la condition du sympathique abdominal était normale.

4. Homme âgé de 22 ans. — Dilatation du colon ascendant avec une grande tendance aux vomissements, diminution de sensibilité du côté droit du sympathique abdominal, et une augmentation de sensibilité au-dessus du plexus solaire. Guérison après 20 traitements en 5 semaines.

5. Homme âgé de 45 ans. -- Constipation depuis son enfance; grandes doses de médecine prises tous les soirs. Aucune sensation dans le ganglion coccygéen pendant les frictions. Guérison après 40 traitements en deux mois. Une selle normale presque tous les jours dès le commencement du traitement, — et le ganglion coccygéen redevint normal. Ce cas me paraît d'autant plus à noter, que l'ensemble de tous ces détails, dans le même sujet, se retrouve très souvent.

6. Femme âgée de 40 ans. Auto-intoxication intestinale. Le côté droit du sympathique abdominal très tendre. Excès d'indican dans l'urine. Après trois traitements, aucune trace de sensibilité anormale dans le sympathique abdominal, plus aucun excès d'indican.

7. Homme âgée de 45 ans. — Diarrhée, 8 ou 9 selles par jour, depuis plus de douze mois. Excès de sensibilité dans la plus grande partie du sympathique abdominal. Après un traitement quotidien de deux mois, une selle normale arriva quotidiennement et la condition du sympathique abdominal était devenue normale.

Conditions réflexes :

1. Femme âgée de 70 ans. — Torticolis spasmodique remontant à 30 ans de durée. J'ai toujours pu amener de l'amélioration temporairement par le traitement moyen du sympathique abdominal.

2. Homme âgé de 28 ans. — Fièvre rhumatismale. Abduction de l'épaule à travers de plus de 45° rendu impossible à cause de la peine qui en résultait. Après un seul traitement des 2 plexus rénaux, qui étaient très sensibles, le bras put immédiatement faire l'abduction à travers de 135° amenant très peu de peine.

3. Femme âgée de 30 ans. — Neurasthénie de 6 mois de durée. Grande augmentation de sensibilité du plexus solaire. Guérie en 3 semaines.

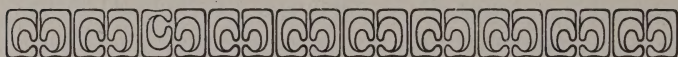
4. Asthme. — Certains cas d'asthmes ont leur origine dans les conditions irritables du sympathique abdominal.

5. Coqueluche. — Certains cas de coqueluche semblent avoir la même origine que l'asthme mentionné ci-dessus. (See Hoenck, E. III. Congrès de physiothérapie, 1910, and Fortschr. d. Med. 1910.)

Dès le début de ma carrière médicale, même avant

d'avoir sondé toute la valeur du traitement kinésithérapique du sympathique abdominal et d'en avoir etreint toute la technique, j'avais trouvé à plusieurs reprises que si le traitement du sympathique abdominal s'ajoutait à la prescription gymnastique, certains cas tenaces commençaient instantanément à s'améliorer.

Le traitement que je viens de soumettre à vos considérations doit être regardé comme un important complément aux méthodes gymnastiques que nous avons déjà à notre disposition. C'est grâce à cette adjonction, que la plupart des importants ganglions et des nerfs du sympathique abdominal peuvent être excités ou adoucis d'une manière bien autrement efficace, qu'au moyen d'un remède interne; et en terminant, je ne saurais trop appuyer sur le fait que les résultats obtenus en justifient pleinement l'emploi peut-être principalement au point de vue thérapeutique, mais aussi en grande partie au point de vue diagnostique.



Mecanotherapy in America.

The osteopathic colleges of the united
states of america.

by Richard J. Cyriax.

M. R. C. S. Eng., L. R. C. P. London.

During the last twenty years or so, a system of mechano-therapy, called Osteopathy, has come to be widely known and practised in the United States. Various definitions of Osteopathy have been enunciated,

the Massachusetts Society describing it as “. a system of therapeutics which seeks to secure normal adjustment of the anatomical structures through a process of scientific manipulations, recognizing as its natural heritage the use of air, water, light, heat, proper food, exercise and other physiological methods”¹⁾. The pictorial souvenir of the American school of Osteopathy defines it on page 4 as “a system of drugless healing by which a practitioner, by a thorough knowledge of Anatomy and Physiology and by appropriate manipulations, adjusts structure, so that nature can restore conditions of normal function to the body”. Neither of these definitions can be considered complete, for in their widest sense, they could be applied to almost any form of Swedish Gymnastics, Massage, or other variety of Manual therapy. The founder of Osteopathy is a Dr. Andrew Taylor Still, now residing at Kirksville, Missouri, who claims to have discovered its first principles as far back as 1874. He started a school of Osteopathy at Kirksville in 1892.

It is claimed by the Osteopaths that their methods are original, and that Osteopathy is a new science, but according to Dr. Alexander Bryce, who visited the United States in order to study it on the spot, “the treatment resolves itself into a combination of massage and Swedish movements, the latter being modified so as to be mostly capable of application by one person on a couch or stool”²⁾.

The practice of Osteopathy is legalised in most of the States and Territories of the Union, as well as in Hawaii and British Columbia (Canada), and there seems little doubt that the remaining ones will sooner or

¹⁾ Mass. College Announcement. P. 9.

²⁾ Britt. Med. Journ. Sept. 3, 1910. p. 582.

later follow the example of the majority, and accord legal status to the Osteopaths. Graduates of Osteopathic Colleges have to pass the special examination in Osteopathy conducted by the medical board of the State in which they intend to practise as a necessary preliminary to legal recognition in that State. The arrangements made for the examination of Osteopaths vary a great deal in different States. Many of the latter, for example have created separate osteopathic examining boards; some have united all medical boards into one, each school of therapeutics being represented on the board in proportion to the number of its practitioners in the State.

How far Osteopathy is justified in claiming what it does is a question which will not be discussed in this article, as the author of it is not in a position to speak on the subject from personal experience. It is only proposed to review briefly the training required of prospective osteopathic practitioners. The details here presented concerning courses of study have been culled from the current (1910—1911) official catalogues of six of the schools of Osteopathy, and have, therefore, been taken at first hand. The general nature of the curriculum can be easily ascertained from the catalogues.

At the present time are over five thousand practitioners of Osteopathy in the United States, and eight Osteopathic schools, viz :

1. The American school of Osteopathy, at Kirksville, Missouri. This institution claims to be the largest of its kind. It is the parent school, founded by Dr. Still, who is president of its Faculty, and under whose personal supervision it is conducted. It was estab-

lished in 1892, and has an attendance of about 560 students.³⁾

2. The Philadelphia College (Pennsylvania). It was established in 1838, and has an attendance of about 126 students.³⁾

3. The Massachusetts College at Cambridge, Massachusetts. It was established in 1897, and has an attendance of about 90 students.³⁾

4. The Central College at Kansas City, Missouri. It was established in 1902, and has an attendance of about 40 students.³⁾

5. The Still College at des Moines, Iowa, with which the Southern school at Franklin, Kentucky, was amalgamated five years ago. It was organised in 1898, and has an attendance of about 115 students.³⁾

6. The Pacific College at Los Angeles, California. It was established in 1896, and has an attendance of about 85 Students.³⁾

7. One other school at Los Angeles, which therefore has two, and another at.

8. Chicago, Illinois.

Applications for prospectuses brought a series of well-illustrated booklets, upon which it is clear that no pains have been spared to render as attractive as possible. They contain a wealth of information regarding courses of study and kindred topics. Each school sings its own praises loudly in its catalogue, and carefully draws attention to the money-earning and curative powers of Osteopathy.

³⁾ This was the number attending the school when it was visited for the purpose of preparing the Flexner report, from which publication the figures have been taken. This report will be discussed further on, and the dates given on which each school was visited.

In considering the Osteopathic curriculum, it must be carefully borne in mind that Osteopaths diagnose and treat cases on their own responsibility, and are in this respect on an equal footing with graduates of medical colleges. They are not restricted to treating patients under the supervision of ordinary medical practitioners, whom, indeed, they seem to regard as their inferiors in the treatment of disease. The aim of the Osteopathic curriculum is to produce a class of independent practitioners, a fact which must not be lost sight of when considering the courses of study.

As catalogues were received from only the first six institutions mentioned in the list of Osteopathic schools, the statements here made must be taken as referring solely to them.

The entire course of study required for the diploma of D. O. (Doctor of Osteopathy) is one of three years duration as a general rule; it used to be possible to graduate after only two years work. The States of Indiana, New York, Pennsylvania and Wisconsin, now very shortly will require all osteopaths intending to practice in them to have attended an additional year of study, and there seems little doubt that a minimum period of four years work will soon be compulsory in all States. The Pacific College grants the degree of D. O. at the end of the usual three years course; those students who take the four years course, are given the degree of M. D. in addition to that of D. O. Each College year is divided into two terms; the annual period of actual study is nine months at most schools; at the Pacific College it is ten. Owing to the recent institution of the four year curriculum, several Colleges provide two distinct courses, one for those who wish to graduate at the end of three years, the

other for those who desire to study four. The Philadelphia College provides no three years course; its minimum requirement for graduation is four years of study, eight months in each year being spent in active College work. The schools provide courses for graduates, the latter in some cases being expected to carry out original research and to write a thesis upon their results, in addition to attending lectures and laboratory work. Arrangements are also made whereby graduates under the old two-years system can attend one or two additional years of work.

The fees for tuition are the same at all schools — one hundred and fifty dollars per annum, with perhaps a few small additional charges for dissection, breakage of chemical apparatus, etc., etc. The fees are payable in advance. The catalogues of some schools state that interest will be charged on arrears. At Kansas City there are three ways of paying fees. A student can pay his hundred and fifty dollars in advance per annum; he can pay three hundred and seventy-five dollars in advance for the entire course; or he can pay four hundred and fifty dollars for the entire course by paying part cash and giving a note for the balance, on which 8% interest is charged. If he chooses the last alternative a certain amount of discount is allowed in proportion to the sum paid in cash.

All schools profess to demand of their students a certain standard of general education as a necessary preliminary to enrolment, but it appears that this regulation is not strictly enforced in every case. The trustees of the American school of Osteopathy until further notice "reserve the right to admit mature well-qualified students though they are unable to furnish the exact

requirements specified for entrance".⁴⁾ Professional instruction is given by means of lectures, "quizzes", laboratory and clinical work. Periodical examinations are held in each subject, and in some schools prizes are offered. No student can graduate who is less than twenty-one years of age. Men and women are admitted upon equal terms. Several schools publish Osteopathic Journals.

In the following brief review of the curriculum, the three or four years courses have been considered separately. The curriculum of the American school of Osteopathy has been given in full as being the one approved by Dr. Still, who is presumably in a better position than anyone to know the kind of training that Osteopathy demands.

Three Years Course.

First Years Work.

The subjects taught by all schools are Anatomy, Physiology, Histology and Chemistry. Most schools add courses in the principles of Osteopathy, and some in Bacteriology and Comparative Anatomy. As a general rule, dissection is left until the second year; some schools are apparently under the impression that a student dissects better if he already possesses a theoretical acquaintance with Anatomy. Great stress seems to be laid on the importance to the student of a thorough knowledge of the Anatomy and Physiology of the nervous system.

The average time devoted to each subject can be gathered from the following table, taken from the catalogue (p. 31) of the American school:

First term.

Anatomy. Lectures and quizzes including demonstrations in Osteology, Myology and Syndesmology. 90 hours.

⁴⁾ Catalogue p. 18.

General and Physical Chemistry. Lectures, quizzes and laboratory work throughout the term. 126 hours.

Histology. Lectures and quizzes and laboratory work throughout the term. 126 hours.

Physiology. Lectures and quizzes and laboratory work throughout the term on General Physiology and Physiology of Nutrition. 108 hours.

Second term.

Anatomy. Lectures and quizzes including demonstrations in Angiology and Neurology. 90 hours.

Bacteriology. Lectures, quizzes and laboratory work nine weeks. 75 hours.

Physiology. Lectures and quizzes throughout the term on the special senses and nerves 90 hours.

Organic and Physiological Chemistry. Lectures, quizzes and laboratory work throughout the term. 126 hours.

Histology. Quizzes and laboratory work throughout the term. 36 hours.

Embryology. Lectures, quizzes and demonstrations. 45 hours.

Four years course.

First years work.

This is essentially the same as the first years work under the three years scheme. In those schools which provide both a three and four years course, the first years work seems to be identical in both cases. The Philadelphia College provides instruction in Toxicology during the second term, which can scarcely be considered the usual place in the curriculum for this subject; courses in "Personal Hygiene" and "Emergencies" are also included, the former in both terms, the latter in the second one only. The following programme of work, taken from the catalogue (p. 10) of

the Pacific College, is inserted for purposes of comparison with the College arrangements for later years, which arrangements will be discussed further on:

First year.

First term.

General Biology	240 hours.
Chemistry	300 hours.
Anatomy	300 hours.
Comparative Anatomy	60 hours.

Second term.

Histology	240 hours.
Chemistry	180 hours.
Anatomy	240 hours.
Physiology	240 hours.

Three years course.

Second years work.

All schools teach Anatomy, Osteopathy and Pathology, and the majority Physiology. It seems to have been recognised by most schools that it is impossible to teach the preliminary work thoroughly in one year of nine months study, the result being that the second years programme under the three years scheme consists of a mixture of preliminary and advanced subjects, taught side by side. In theory, this might be avoided by confining the preliminary subjects strictly to the first term, thereby leaving the second term free for a consideration of the advanced ones, but of this possibility advantage is not as a rule taken. Obstetrics, Surgery, Hydro-therapy, Gynecology and Genito-urinary diseases are among the subjects taken up by different schools in addition to those of Anatomy, etc., afore-

mentioned. The programme of the American school⁵⁾ is as follows:

First term.

Principles of Osteopathy and Applied Anatomy. 90 hours.

Descriptive Anatomy. Lectures and quizzes on Splanchnology and special senses for first half of term. 45 hours.

(It will be observed that the Physiology of the special senses has already been taught in the second term of the first year, that is to say, before their Anatomy has been considered.)

Demonstrated Anatomy. Lectures and quizzes with demonstrations on the cadaver, last half of term. 45 hours.

Practice of Osteopathy. Lectures and quizzes throughout the term. 90 hours.

Osteopathic Mechanics. Laboratory and lecture. 18 hours.

Pathology and Bacteriology. Lectures, quizzes and laboratory work throughout the term. 126 hours.

Hygiene, Public Health, Dietetics and Toxicology. 90 hours.

Second term.

Demonstrated Anatomy. Lectures, quizzes and demonstrations on cadaver throughout the term. 90 hours.

Practice of Osteopathy. Lectures and quizzes throughout the term. 90 hours.

Principles of Osteopathy and Applied Anatomy. Lectures and quizzes. 90 hours.

⁵⁾ Catalogue p. 32.

Physical Diagnosis. One lecture per week, with laboratory work throughout the term. 54 hours.

Neurology. Lectures and quizzes throughout the term. 90 hours.

Special Pathology. Lectures, quizzes and laboratory work throughout the term. 126 hours.

Four years course.

Second years work.

This year is chiefly occupied with a continuation of the first years work. All schools provide courses in the Principles of Osteopathy, Anatomy with dissections, Diagnosis and Physiology. The Philadelphia college also teaches Obstetrics (lectures) and Pathology in the first semester, and Minor Surgery as well in the second, in addition to the common subjects of Anatomy, etc., thereby burdening the second year with a variety of advanced subjects. The Pacific College arrangement present a contrast to this; its course consists of the common subjects and Histology, Chemistry and Embryology. Its programme is appended:⁶⁾

First term.

Histology	240 hours.
Chemistry	180 hours.
Anatomy	240 hours.
Physiology	240 hours.

Second Term.

Embryology	240 hours.
Chemistry	120 hours.
Anatomy	200 hours.
Physiology	180 hours.
Physical Diagnosis.	120 hours.
Osteopathic Technique	40 hours.

⁶⁾ Catalogue p. 10

Three years course.

Last years work.

The third year is occupied with clinical work, Osteopathy, Surgery, Obstetrics, etc. Such subjects as Medical Jurisprudence, Hygiene and Ophthalmology are included. The number of subjects engaging the attention of the student is very large, as the following programme of the American school will show:⁷⁾

First term.

Osteopathic Clinics. General Clinics with lectures and quizzes two hours daily throughout the term. 180 hours.

General Surgery. Lectures and quizzes with laboratory work throughout the term. 126 hours.

Eye, Ear, Nose and Throat. Lectures and quizzes one-half of the term. 45 hours.

Obstetrics. Lectures and quizzes throughout the term. 90 hours.

Clinical Practice. Individual practice by students with weekly reports, six hours attendance per week at the Infirmary required. 108 hours.

Skin and Venereal diseases. Lectures and quizzes one-half term. 45 hours.

Pediatrics. Lectures and quizzes one half of term. 45 hours.

Second term.

Osteopathic Clinics. General Clinics with lecture and quiz daily throughout the term. 90 hours.

Operative Surgery. Lectures, quizzes and laboratory work throughout the term. 126 hours.

Gynecology. Lectures, quizzes and laboratory work. 126 hours.

Clinical Practice. Individual practice by student

⁷⁾ Catalogue p. 32.

with weekly reports, six hours attendance per week at the Infirmary required throughout the term. 108 hours.

Physical Diagnosis. 90 hours.

Ambulance and Emergency work, and Obstetrics. Demonstrations in sections throughout the term. 36 hours.

Laboratory Diagnosis, including blood, sputum, urine and other tests by laboratory methods throughout the term. 36 hours.

Four years course.

Third years work.

This year is chiefly devoted to Pathology, Obstetrics, Minor Surgery, Osteopathy and Gynecology, the foundation for these subjects having been laid by the work of the two previous years. The advantages of the four years' over the three years' curriculum are very obvious; apart from the additional year of study, the four year scheme allows the entire separation of preliminary and advanced subjects, two years being devoted to each group. The Pacific College schedule is appended:^{s)}

First term.

Bacteriology	300 hours.
Structural Pathology	240 hours.
Principles of Osteopathy	140 hours.
Minor Surgery	120 hours.
Osteopathic technique	40 hours.
Clinic	60 hours.

Second term.

Laboratory Diagnosis	180 hours.
Functional Pathology	240 hours.
Applied Anatomy	120 hours.

^{s)} Catalogue p. 10.

Obstetrics	120 hours.
Gynecology	120 hours.
Surgery	60 hours
Clinic	60 hours.

Four yeares course.

Last years work.

This year is devoted to the continuation of the third years studies, and to a variety of new subjects of an advanced character. The following schedule from the Pacific College catalogue (p. 10) will, taken in conjunction with the third years programme, suffice to give an idea of the work performed during the last two years of study: —

First term.

Surgery	60 hours.
Ear, Nose and Throat	60 hours.
Ophthalmology	60 hours.
Obstetrics	180 hours.
Gynecology	180 hours.
Genito-Urinary diseases	20 hours.
Dermatology	40 hours.
Dietetics	40 hours.
Diseases of the Digestive tract.	20 hours.
Orthopedics	40 hours.
Psychistry	40 hours.
Respiratory diseases and Tuber- culosis	20 hours.
Medical Jurisprudence	20 hours.
Clinic	120 hours.

Second term.

Surgery	240 hours.
Ear, Nose and Throat	60 hours.
Ophthalmology	60 hours.
Public Hygiene	180 hours.

Nervous Diseases	40 hours.
Infectious Diseases	40 hours.
Diseases of the circulatory system	20 hours.
X-Radiance	20 hours.
Clinic	240 hours.

Most of the Colleges have their own hospitals, to which in some cases nurses' training schools are attached. The Kansas City College has made arrangements for its students to attend the City Hospital, as it does not possess one of its own. "Clinics" are held in the Colleges and hospitals, as well as in the Dispensaries in connection with them. The Midwifery practice required of students does not seem to be excessive at some schools. For instance, each graduate of the June class, 1910, at Still College ". . . saw from five to nine cases, and each delivered from one to three cases, strictly under the supervision of the head of the department."⁹⁾ The regulations of the Philadelphia College require each student to "attend at least two cases (confinement and after-treatment) at the maternity hospital before graduation."¹⁰⁾ Great stress is laid by the Osteopaths on the advantages of their treatment before, during, and after labour. The Pacific College catalogue gives a classified list¹¹⁾ of the diseases from which patients were suffering who attend the clinics during the year ending June 1st, 1910. There were, for example, sixty-two cases of diseases of the respiratory system, exclusive of pulmonary tuberculosis, of which there were twenty-tree, and twenty-two cases of skin diseases. "The number of treatments actually reported were eight thousand and thirty-two, and probably one-

⁹⁾ Catalogue p. 53.

¹⁰⁾ Catalogue p. 38.

¹¹⁾ Catalogue p. 39, etc.

third more than this number were not reported“.¹²⁾ The number of hours devoted to clinical work at the Pacific and American schools can be ascertained from the preceding pages.

A priori, it appears impossible to teach thoroughly any student, however talented, the immense variety of subjects included in the Osteopathic curriculum within the space of three years, of which, as a rule, only twenty-seven months are devoted to actual study in College. That this fact has been recognized is shown by the institution of the four years' curriculum. But even the three year student is not expected by all schools to devote his whole time during the sessions to study. Several Colleges offer as inducements to intending students the fact that they are situated in cities that afford opportunities to the impecunious of earning money during term-time out of school hours. At Kansas City "the student will be in school three hours the first term from 8 a. m. to 11 a. m. Studying is done at home."¹³⁾ During the second term "classes run from 8 a. m. to 12 noon."¹³⁾ In other words, the student has no afternoon work whatever in his first year. The catalogue (p. 17) states that "To apply oneself continuously during an afternoon and evening to the study of the course is a severe drain upon the system. A part of this time may be used to advantage in other work, and not detract from the school course." As far as his professional studies are concerned, the Kansas City student is apparently not overworked. The catalogue states (p. 27) that a "thorough course in dissection will be made a special feature." During the first year no dissection whatever is performed. It is

¹²⁾ Catalogue p. 39.

¹³⁾ Catalogue p. 8.

“optional“ during the first term of the second year, but the student has to dissect the „lateral half“ of a body during the second term of the second year, that is to say, in four and a half months.¹⁴⁾ As regards the time spent in school during the first year, the Massachusetts student does not seem to be much better off. To judge by the „Freshman year“ time-table given in the catalogue (p. 52) he is in school for a daily period of time varying from two to five hours; Saturday is a whole holiday. It is, however, only fair to say that the time spent in College during the second and third years is very much larger. At the Pacific College, the time-table in its catalogue (p. 33) leads to the conclusion that the first year student is in school from four to five hours during the first term, and from four to seven during the second. It is, however very difficult to draw from time-tables any positive conclusions concerning the number of hours devoted every day to school-work, for in some Colleges, the classes are seemingly divided into sections, working at the same subject at different hours; this arrangement refers especially, if not entirely, to laboratory work. At the same time, the already quoted statements to be found in the catalogue of the Central College at Kansas City, leave no doubt as to the state of affairs at that institution.

An interesting light is thrown upon the Osteopathic schools and associated hospitals and dispensaries, by “Medical Education in the United States and Canada“, a report made by Abraham Flexner to the Carnegie Foundation for the Advancement of Science (Bulletin 4) 1910. All the Osteopathic schools were visited. It cannot of course be stated what, if any improvements have been introduced into the schools since the report was

¹⁴⁾ Catalogue pp. 4 and 5.

prepared, and hence the accounts of them must be taken as referring to the time when they were visited. From the Flexner report it appears that "The eight Osteopathic schools fairly reek of commercialism. Their catalogues are a mass of hysterical exaggerations alike of the earning and of the curative powers of Osteopathy. It is impossible to say upon which score the "Science" most confidently appeals to the crude boys or disappointed men and women whom it succesfully exploits."¹⁵⁾ It is stated "with all possible emphasis, that no one of the eight Osteopathic schools is in a position to give such training as Osteopathy itself demands."¹⁶⁾ At the American school at Kirksville, presided over by Dr. Still, the laboratory facilities were found "absurdly inadequate" when the school was visited in November 1909. The number of students attending this institution is very large. Its "Pictorial Souvenir" enclosed with the catalogue, contains a photograph of the September class of 1908, which consisted of two hundred and two members.¹⁷⁾ Five hundred and sixty students were in attendance from 1909 to 1910.¹⁸⁾ In Pathology and Bacteriology, the "huge classes are divided into bands of thirty-two, each of which gets a six weeks course, following the directions of a rigid syllabus under a teacher who is himself a student."¹⁸⁾ The hospital, about which much appears in the souvenir and catalogue was found in contain "fifty-four beds, of which only twenty are in the wards, and practically all are surgical."¹⁹⁾ The senior class in obstetrics numbered one hundred and fifty students; in two months (April and May, 1909)

¹⁵⁾ Flexner Report p. 163.

¹⁶⁾ Flexner Report p. 164.

¹⁷⁾ Souvenir p. 42.

¹⁸⁾ Flexner Report p. 165.

¹⁹⁾ Flexner Report p. 165.

they had eight clinical cases in obstetrics.²⁰⁾ The general arrangements and teaching staff were entirely inadequate to the number of students. The Central College at Kansas City, visited in November 1909, had practically no laboratories at all; "hopelessly meagre appointments in two rooms are denominated respectively clinical and pathological laboratories."²²⁾ Both this College and the Kirksville school are included in a list of the "utterly wretched" medical schools of Missouri. Of the Still College at des Moines, visited in April 1909, it is said that it is a "disgrace to the State, and should be summarily suppressed."²³⁾ The dissecting-room was "inadequate and disorderly", and everything about the school indicated that it was a business.²⁴⁾ "Have your case diagnosed at Still College of Osteopathy" was the burden of an advertisement published in the local newspaper. (Des Moines Register and Leader: November 31, 1909). "Physiology" was painted on a ". . . door, which on being opened, reveals a classroom with an almost empty book-case, but no laboratory equipment." The laboratories of the Massachusetts College, visited in October 1909, were poorly equipped, and there was neither Museum nor Library in the College.²⁵⁾ The Philadelphia College, visited in January 1910, had „utterly wretched“ laboratory facilities. The only visible object of interest in the histological laboratory was a small centrifuge; the chemical laboratory was in a "dark cellar"; the dissecting-room was "intolerably foul." "If there is any provision for Pathology, Physiology or Bacteriology, any book or museum or other

²⁰⁾ Flexner Report p. 118 and p. 165.

²²⁾ Flexner Report p. 253.

²³⁾ Flexner Report p. 225.

²⁴⁾ Flexner Report p. 223.

²⁵⁾ Flexner Report p. 243.

teaching accessories except a few crude drawings, a model and a skeleton, all was successfully concealed."²⁶⁾ The "Osteopathic Infirmary" in connection with this school, contained three beds, "occupied by maternity cases if at all." The Pacific College, visited in May 1909, had a hospital for obstetrical and surgical cases. "The catalogue fails, however, to state that the students have no regular work in this hospital." The College was found to possess a "fairly equipped" laboratory for Pathology, Histology and Bacteriology, a clinical laboratory, a dissecting-room, and a limited amount of apparatus for experimental work in Physiology."²⁷⁾ Small private laboratories for the teachers of the former subjects adjoined the students' laboratories. On the whole, the Flexner report is least unfavourable as regards the Pacific and Massachusetts Colleges, but no real praise is bestowed on them.

The business side of Osteopathy, according to the report, is well seen in the manner in which the Osteopathic dispensaries are as a rule conducted. Although they exist nominally for charitable purposes, the patients who attended almost always paid for the services rendered.²⁸⁾ At Kansas City, patients paying three dollars a month were treated by the students; the professors attended to those who paid more.²⁹⁾ Two dollars a treatment were charged at Kirksville, and the cases were mostly chronics. An instructor was present at the first treatment, afterwards only if summoned.³⁰⁾ Not a single school was found to possess the requisite clinical opportunities.

²⁶⁾ Flexner Report p. 297.

²⁷⁾ Flexner Report p. 191.

²⁸⁾ Flexner Report p. 166.

²⁹⁾ Flexner Report p. 166.

³⁰⁾ Flexner Report p. 166.

The eight Osteopathic schools had an attendance of about thirteen hundred students, paying some two hundred thousand dollars annually in fees. "The instruction furnished for this sum is inexpensive and worthless The fees find their way directly into the pockets of the school owners or into school bouldings and infirmaries that are equally their property."³¹⁾ The income of the American school was estimated to be about eighty-nine thousand dollars per annum, which was probably largely profit.³²⁾ It appears, therefore, from the Flexner report, that the Osteopathic schools are chiefly money-making institutions, and that whatever the virtues of Osteopathy may be, the courses of instruction furnished by the Colleges are practically farcical.

That some schools unduly praise their arrangements is practically admitted by the American school. Inside the cover of the latter's catalogue appears a note to the effect that "it has often been said of medical and osteopathic colleges that their catalogues are usually so filled with exaggerated claims, that a student has little chance to discover from those publications what are the actual andvantages of the Colleges by which the catalogues are issued." The American school fears that „there is much truth in this general statement“, but is careful to avoid publishing "misrepresentations of any kind relating to its advantages." The catalogue also states (p. 5) that "contrary to the usual custom of medical and osteopathic schools in enrollong upon their lists every physician in the community, the American school has secured a staff of specialists, and pays them to devote their entire time to the school." The sub-

³¹⁾ Flexner Report p. 166.

³²⁾ Flexner Report p. 254.

joined list of the "Faculty" contains only fifteen names, and several of its members have more than one subject assigned to them. If there is a teacher of Ophtalmology, who devotes his time to that subject and nothing else, his name does not appear in the catalogue, unless the branch of medicine under consideration is included in "Specialities", which one member of the Faculty has assigned to him in addition to "Diagnosis, Nervous diseases", or comes under "Surgery", or is taught by a member of the Faculty who was at the Universities of Berlin and Vienna during 1909-1910. The custom of allotting more than one subject to one teacher is a common one in the Osteopathic schools; the subjects are occasionally rather diverse. For example, at Still College, the Professor of Psychologie is also Professor of Chemistry and in addition to this, he is Professor of the Applied Physical Sciences, Lecturer on Forensic Medicine and Secretary and General Manager of the institution.³³⁾ To judge from the list in the catalogue (p. 3) of the membres of the Faculty, there is more than one Professor in some subjects possibly; each takes some branch of his subject with which he is specially conversant. On the other hand the faculty of the Pacific College consists of forty teachers, one of whom is lecturer on the non-professional subjects of "European Art and History"; of the remaining thirty nine teachers, apparently only seven have more than one subject assigned to them.

Comment on the Flexner report is almost superfluous. The state of affairs it has revealed can only be described as scandalous. Whatever the merits or demerits of Osteopathy as a healing art may be, the report leaves no room for doubt that the Osteopathy

³³⁾ Catalogue p. 3.

Colleges are chiefly commercial enterprises which are unworthy of serious consideration as centres of learning "Granting all that its champions claim, Osteopathy is still in its incipency. If sincere, its votaries would be engaged in critically building it up. They are doing nothing of the kind."³⁴) No steps are apparently being taken to utilise the financial prosperity of the Colleges as a means of advancing the science.

It is really deplorable that any form of therapeutics should have come to be taught in institutions such as the Flexner report shows the Osteopathic schools to be.

The American College of Mechano-Therapie.

By R. J. CYRIAX. M. R. C. S. Eng., L. R. C. P. London.

In the foregoing article, the author dealt with the American Colleges of Osteopathy and the courses of study provided by them, basing his remarks on their official catalogues and the Flexner Report. One might be tempted to imagine that the instruction furnished by the schools in question represented the lowest conceivable standard of education in Mechano-therapeutics, but it appears that the Osteopathic schools are not the worst offenders after all, as the following remarks will show.

Advertisements have recently appeared in at least one English journal, announcing correspondence courses in Medical Gymnastics and kindred subjects, provided by an institution calling itself the "American College of Mechano-therapy". Application for the prospectus of this College, which is situated at Chicago, Illinois, U.S.A., brought a profusely illustrated booklet of eighty pages entitled "How to become a mechano-therapist", a separate sheet containing reproductions of ten testimonials, an application form for intending students, and a type-

³⁴) Flexner Report p. 166.

written letter of three pages — the whole forming an instructive example of Transatlantic advertising.

The type-written letter, which begins "Dear Friend", loudly praises the money-earning possibilities of Mechano-Therapy, the latter's curative powers, the high social standing of its practitioners, and so on. The letter chiefly consists of a short summary of the prospectus, to which it serves as a kind of introduction. Numerous words and phrases in the text are printed in capitals. It calls Mechano-Therapy "the coming system of drugless healing", and says (p. 1) that it has been "reduced to an EXACT SCIENCE". No guesswork. No uncertainty. By our system of Mechano-Therapy we teach you to recognise what is needed and by our carefully systematized methods you know at once HOW to relieve trouble. You give your patient RELIEF AT ONCE" The letter contains much more in a similar strain. Stress is laid on the advisability of taking the College course at once.

From the letter (p. 1) it appears that the subjects taught in the correspondence course are "Anatomy, Physiology, Hydro-Therapy (Water-Cure), Schott's Resistive Methods, Ling's System, Medical Gymnastics, the Principals of Osteopathy, etc., etc." It is stated that anyone with a „common school education“ can learn the course, and that it is possible to do so by utilising spare time (p. 1). From p. 2 of the letter it appears that a knowledge of the subjects mentioned above can be acquired by the student so easily as to surprise him, because the College course ". represents the systematized boiled-down experience of over forty-two years of continuous practice in Mechano-Therapy. No theories are taught; simply FACTS" The fee for the course and diploma is one hundred

dollars if paid in advance, but a student can arrange to pay in instalments, in which case the fee is slightly raised. Four dollars and eighty-five cents are charged in addition “. for a full series of grouped Anatomical and Physiological charts and one complete manual explaining them” (Prosp. p. 39). The charts are eight in number, and are said to have been “. prepared for us (the American College of Mechano-Therapy) by the greatest living authority, Dr. Wm. Turner, Dean of the University of Edinburg, Scotland“. As regards the length of time required to complete the course, the prospectus states (p. 35) that “Any person of average intelligence should master this subject (Mechano-Therapy) with ease in from six months to a year. The student is privileged to go as fast or as slow as he pleases, however“.

The method of instruction as outlined in the prospectus (p. 35) is as follows: — Each lesson is sent to the student in the form of a booklet, “with a comprehensive list of questions on the subject matter“. When the student has studied the booklet, he answers the questions from memory in the blank spaces provided on the questionform, and returns the latter to the instructor, who “goes over them carefully and decides whether or not the student evidences sufficient familiarity with his subject. If not, his deficiencies are pointed out to him and he is requested to review. Any extra help necessary is cheerfully given by personal correspondence. A record is kept of each student’s progress and on completion of his course, he is awarded a diploma setting forth his qualifications“. The diploma is printed on parchment and a fac-simile of it appears in the prospectus (p. 79); it states, amongst other things, that the recipient “has been created and made

a Doctor of Mechano-Therapy" and that he "has been granted all rights and privileges everywhere pertaining to this degree".

The College apparently maintains a "clinic" for its advanced students. Some photographs of clinical meetings are given in the prospectus, but the latter states (p. 37) that a great many graduates of the College "have not felt the necessity for attending this practical instruction, having found the correspondence course sufficient for all needs". This statement need occasion no surprise, for elsewhere (p. 73) the prospectus says that the "correspondence method" of the College is quite equal to a personal recitation in a class room. It is even superior to it".

A "partial summary of subjects taught" appears in the prospectus (pp. 57 et seq.) under "Diagnosis", (p. 61), amongst other topics appear the following — ". Palpation; Percussion; Auscultation and the Stethoscope; Examination of the Lungs and Heart; where to listen to Heart Beat; the Pulse and How to Feel it;". From the paragraph headed "Mechano-Therapy in actual practice" the following extract has been taken (p. 67); ". what the Mechano-Therapist Can Honestly Claim for His Methods; the Watchword of the Mechano-Therapist; Our Graduates have the Strongest Weapons for Combating Diseases; Impossible to give a Mechano-Therapeutic Treatment without Doing the Patient Good; Approach every case with Courage; Mechano-Therapy never harmful;".

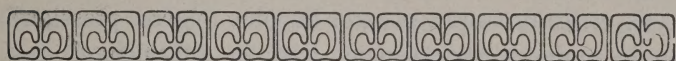
But the most instructive paragraph of all in the "Summary of subjects taught", is the one headed "The Business side of Mechano-Therapy", which is really worthy of being given here in full: — "How to approach a Patient; How to Gain his Confidence Quickly;

how to get the Fees at once; How to greet the Patient; how the patient should be seated; how to take the Patient's case-History; how to find out rapidly what is ailing the Patient; Consumption; the Business talk which will make the Patient willing tho pay the fee; how to handle the Question of the size of a Fee; Real Money talk; Always get Cash down; Center Mental Power on Patient; get good pay for Services in order to be appreciated; Difference in the care and Taking of a Case between the Physician and the Mechano-Therapist; Great Advantage Mechano-Therapist has; Certainty of success by Methods Taught“.

Enough has now been said to indicate the general nature of the correspondence course provided by the American College of Mechano-Therapy. That some branches of learning lend themselves to tuition by post exclusively cannot be doubted, but on the other hand, a great many are entirely unsuited to it, unless the correspondence course is supplemented by practical work, or is merely intended as a revision course, previous to examination, in a subject with which the candidate is already familiar. Attempting to give instruction in Mechano-Therapy by the methods the American College professes to employ is obviously futile. It is impossible to teach Anatomy thoroughly without dissection, Physiology without practical work, Diagnosis without patients, Medical Gymnastics without practical instruction. Any institution trying to do so stands self-condemned. As regards correspondence tuition in Osteopathy, let the American school of Osteopathy state its views on the subject (A. S. O. catalogue, 1910-1911, p. 26). “No department of Osteopathy or Medicine can be successfully taught in this manner. A diploma from any school, professing to impart a

knowledge of Osteopathy by mail is worthless, and an imposition on innocent men and women. No person holding such diploma can practice in any State in which Osteopathy is legalised“.

It is certainly to be deeply regretted that the name of Swedish Gymnastics should be degraded by its inclusion in the schedule of the correspondence course provided by the American College of Mechano-Thérapie.



Valeur du traitement mécano-thérapique de la synovite aiguë.

Par Edgar F. Cyriax, M. D.

(Communication à la section médicale du Congrès de la
Ligue Nationale Belge pour l'Education physique,
Août 1910).

En faisant des recherches dans la littérature médicale pour y trouver des articles sur le traitement kinésithérapeutique dans n'importe quel cas de synovite aiguë, on se rend bientôt compte que ce sujet a été complètement laissé de côté; tout au plus, a-t-on recommandé un massage très léger.

Les types de synovites aiguës que j'ai soignées par le traitement kinésithérapeutique peuvent se classer en trois catégories :

1°. La synovite aiguë non infectieuse résultant d'efforts forcés, de surmenage, de traumatisme, etc.

2°. La synovite rhumatismale aiguë, survenant, soit pendant le cours de la véritable fièvre rhumatismale, ou survenant „per se“.

3°. La synovite gonorrhéique aiguë (arthrite).

Naturellement il est inutile d'entrer dans la pathologie ou les symptômes des conditions ci-dessus; pourtant quelques mots concernant l'arrangement anatomique des lymphatiques articulaires et périarticulaires aideront à mettre en relief les avantages essentiels du traitement en question. D'après les recherches de Ludwig et de Schweigger-Seidel¹⁾ on sait que les lymphatiques dans les tendons, les fascias et les aponévroses sont respectivement arrangés en deux portions: les superficiels et les profonds, et que la plus légère pression, ou le moindre allongement, avec le relâchement qui en résulte, produit le flux de la lymphe qui s'écoule du réseau profond pour s'épancher dans le réseau superficiel, et de là, dans les plus gros vaisseaux lymphatiques que traversent la substance des muscles, pour rejoindre les grands troncs lymphatiques. Quant aux lymphatiques de la membrane synoviale elle-même, Tillmanns²⁾, Braun³⁾, Kroh⁴⁾, et autres ont démontré que dans l'aspect intérieur de la membrane synoviale, il ne se trouvait aucun stomate; l'absorption de la membrane n'a lieu que lorsque l'exsudation peut passer à travers la membrane synoviale elle-même.

Je vais maintenant considérer les divers types des manipulations curatives que je vais diviser en trois classes:

1. Les Vibrations. — D'abord et avant tout je n'hésite pas à déclarer que je donne la préférence aux vibrations manuelles sur les vibrations produites par les machines. (J'en ai donné les raisons détaillées dans mon traité: „Eléments du traitement Manuel de Kellgren“,

¹⁾ Die Lymphgefäße der Fascien u. Sehnen, 1873.

²⁾ Arch. f. mikroskop. Anat. XII, 649--664.

³⁾ Deutsch. Zeit. f. Chir., 1894, XXXIV.

⁴⁾ Deutsch. Zeit. f. Chir., 1908, XLIV.

pp. 180—183 et pp. 241—243.) Ces vibrations peuvent être stationnaires ou courantes.

Elles causent, dans la partie sujette à la manipulation, une série d'ondulations, de compression et de relâchement alteratifs. Le degré de pression apporté par les doigts vibrants peut varier, un manipulateur habile saura l'ajuster, sa main percevant par l'état de tension dans l'articulation qu'il est en train de traiter toute information nécessaire. Au fur et à mesure que décroît la tension, ce qui arrive presque toujours pendant l'application actuelle de la vibration, l'amplitude de la vibration et le degré de la pression, peuvent, avec avantage, être augmentés en proportion.

Quelquefois la vibration peut être aidée en employant ce que l'on appelle „la traction“ de l'articulation; l'extrémité distale est atteinte et se retire continuellement de l'extrémité proximale; en conséquence, les surfaces articulaires opposantes sont séparées l'une de l'autre, et la tension intra-articulaire se trouve ainsi diminuée; ce résultat peut facilement se voir dans le cas de l'index sur un sujet maigre; quand la traction se fait, on aperçoit les surfaces articulaires qui se séparent, et l'articulation qui s'aplatit.

L'effet des vibrations est double :

1. Favoriser la circulation lymphatique dans les tendons, les fascias, et les aponévroses.
2. Favoriser l'absorption de l'effusion.

La pression continue en elle-même favorise l'absorption de l'effusion, en la poussant dans les lymphatiques synoviaux à travers la membrane synoviale de la cavité de l'articulation; la vibration agit de la même manière, mais avec cette différence, que la compression et le relâchement alternés compris dans la vibration, produisent des oscillations rapides correspondant à la

pression intra-articulaire. Les oscillations influencent l'effusion à travers la membrane, d'une manière bien plus douce, que lorsque la pression continuelle est seule employée. Pendant la vibration, l'effusion est pressée à travers la membrane synoviale, en gouttes microscopiques successives, la pression étant immédiatement relâchée après chaque goutte; les lymphatiques ont ainsi le degré minime de travail à faire à la fois. Au moyen de la vibration, on encourage l'effusion à sortir de l'articulation comme de son propre mouvement, pour ainsi dire, au lieu d'en être expulsée par la force, et l'on évite ainsi la congestion et tous les autres accompagnements désagréables de la pression continuelle. La vibration, judicieusement appliquée, dans les cas qui la réclament, est le meilleur et le plus facile moyen de favoriser l'absorption d'une effusion intra-articulaire.

Jusqu'ici, on n'a recueilli que très peu d'évidence expérimentale, sur le sujet de l'influence directe des vibrations sur l'absorption des effusions. Kroh (1) a trouvé que les effusions expérimentales dans les articulations étaient réabsorbées par la substance intracellulaire à travers les stomates du tissu sub-synovial dans les tissus péri-articulaires. Il a conclu que cette absorption des articulations est favorisée ou par le mouvement passif, ou par le mouvement actif, ou par le massage, ou par la pression, qui ont chacun le pouvoir, comme effet additionnel, de produire une leucocytose, laquelle leucocytose, à son tour, favorise l'absorption. Plate (2) conclut que la vibration favorise l'absorption de l'effusion pleurale; et il est intéressant de noter que Rosenthal (3) trouvait que la vibration augmentait le nombre des leucocytes.

(1) Kroh op cit.

(2) Zeit. f. phys. u. diät. Ther., 1908, p. 517-534.

(3) ibid., 1908., p. 349.

2. Mouvements passifs des articulations. — Le manipulateur reproduit au malade les mouvements normaux de l'articulation, commençant très doucement, et, graduellement, en augmentant l'étendue et la rapidité. Souvent il est impossible d'exécuter ces mouvements sans appliquer de même temps la traction, parce que la friction des surfaces opposantes enflammées, augmentée fréquemment par la contraction réflexe des muscles, causerait trop de douleur. L'effet physiologique est semblable à celui des vibrations, quoique plus intense.

Le fait que les mouvements passifs favorisent le flux de la lymphe est établi : et mon expérience clinique me donne le droit d'avancer que, lorsqu'ils sont judicieusement administrés, ils favorisent l'absorption de l'exsudation pathologique.

3. Mouvements résistés des articulations. — Conjointement avec des mouvements, la traction est souvent de la plus haute valeur.

J'ai rencontré des cas dans lesquels le moindre effort à faire un mouvement purement actif, causait tant de peine que la continuation en était impossible, tandis qu'à l'aide de la traction, on pouvait exécuter de ces mouvements fortement résistés. Un des effets salutaires de ces mouvements résistés consiste à combattre cette atrophie des muscles qui se produit si rapidement dans les effections des articulations.

Quant à ce qui concerne les variétés et les combinaisons des mouvements spécifiés dans les deux premières divisions ci-dessus, je soumets la classification suivante :

1. Les vibrations stationnaires, appliquées avec un degré de pression variant, avec discernement, soit avec ou sans traction.

2. Les vibrations stationnaires avec des mouvements

passifs de l'articulation. La main qui administre la traction exécute aussi des mouvements de flexion ou d'extension ou de rotation, etc., causant par là des mouvements correspondants dans la partie affectée et dans l'articulation soumise à la vibration, et qui peuvent varier é l'infini.

3. Les vibrations courantes centripètes avec ou sans traction.

4. Les mouvements passifs de flexion, d'extension, etc., sans vibration.

Et à ces quatre modes de manipulations, j'ajoute toujours des frictions sur les nerfs conduisant à la partie affectée ainsi que sur les nerfs qui en partent, et je fais suivre un traitement kinésithérapeutique général.

Au point de vue clinique, je n'ai jamais vu que de bons résultats du traitement, ainsi administré, de la synovite aiguë.

Les effets produits par le traitement sur les exsudations aiguës sont immédiats et décisifs :

Subjectivement on trouve :

1. Diminution de la douleur.
2. Diminution de la tension.
3. Augmentation de la mobilité de l'articulation.
4. Diminution de la rigidité et de la douleur pendant le mouvement.

Objectivement on trouve :

1. Diminution du degré d'enflure, bien souvent ceci saute aux yeux tout de suite. La forme d'une articulation peut quelquefois montrer un changement immédiat et les portions de l'os qui n'étaient pas palpables antérieurement, le deviennent.
2. Diminution de la tension intra-articulaire.
3. Augmentation de mobilité de l'articulation.
4. Augmentation du pouvoir des muscles de l'arti-

culation ; et par conséquent, on empêche ainsi le développement de l'atrophie.

Je vais à présent faire passer devant vous quelques cas survenus parmi mes malades.

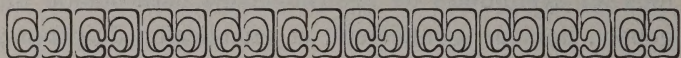
1. Fille âgée de 12 ans. La synovite comença le 17 juin 1902, avec des douleurs dans le genou. Le 18 juin impossibilité de marcher. Ce fut le 19 juin que je vis la malade pour la première fois, je constatai tous les symptômes de l'effusion dans l'articulation du genou ; douleur, gonflement, et semi-flexion du genou ; presque tous les mouvements, même légers, occasionnaient de la douleur ; la fièvre montait à 39° 5 centigrade. Après un seul traitement il n'y avait plus de douleur, l'enflure avait beaucoup diminué. Le traitement fût administré deux fois ce jour-là, comme aussi le lendemain, et le soir l'enflure avait presque disparu, et l'articulation du genou pouvait être étendue sans malaise. Le 21 juin le genou était normal, et le 24 juin toutes les douleurs rhumatismales dans les diverses autres articulations, qui y avaient été constatées depuis le 20 juin, avaient complètement disparus. La maladie entière n'avait duré que sept jours.

2. Homme, âgé de 15 ans, s'était foulé le genou en courant, et 5 jours après, vint me trouver, souffrant d'une synovite avec effusion bien accentuée. La marche était difficile. En 6 jours, l'effusion avait complètement disparu, et en 14 jours le genou était normal, et l'est toujours resté depuis. Deux ans plus tard la même chose arriva avec l'autre genou, qui en 16 jours, fut rendu à l'état normal, et l'est toujours resté depuis.

3. Homme, âgé de 30 ans, avait la gonorrhée depuis deux semaines, et fut alors atteint d'une grave synovite gonorrhéique intense au genou. En plus du traitement spécial pour la gonorrhée, il reçut, pour le

genou, le traitement kinésithérapeutique. A partir du quatrième jour, son genou s'améliora; en trois semaines, l'articulation était normale, et j'ai pu constater qu'elle resta ainsi pendant au moins trois ans: après ce temps je l'ai perdu de vue.

En exposant devant vous le traitement mécano-thérapeutique de la synovite aiguë, j'espère que vous le trouverez digne de toutes vos judicieuses considérations.



Protokoll

hållet vid Svenska Sjuk-Gymnastik Sällskapets Ling styrelsesammanträde i Berlin den 16 de Oktober 1910.

Vid gjordt upprop voro följande närvarande: Ordförande Geheimer Hofrat J. Oldevig, Dresden; vice Ordförande Gymnastikdirektör A. Broman, London; Skattmästare Gymnastikdirektör Sigrid Åkerhielm, Bremen; vice Skattmästare Gymnastikdirektör Th. Lindfors, Stockholm; vice Sekreterare L. Sandberg, Brüssel; Gymnastikdirektör Fru Ester Bernhard, född Bruno, Stockholm; Gymnastikdirektör Ivar Forssling, Berlin; Gymnastikdirektör Dr. med. Karl Molin, Genève.

I.

Sedan Ordföranden förklarat sammanträdet öppnadt, uttalade han sin tacksamhet öfver att styrelsemedlemmarne mangrant infunnit sig till detta sammanträde. Härefter uppläste han en från Gymnastikdirektör Th. Bergqvist till honom ingången skrifvelse af den 1 ste September 1910, hvari Direktör Bergqvist anmäler sitt utträde ur S. S. S. Ling; samt sitt svarsbref af den 4 de September 1910, hvari han å egna och Sällskapets vägnar på det högsta beklagar detta Direktör Bergqvists

